Fiscal Year 2016 budget analysis

Report Date: 8/14/2015

Claudio Fort - CEO

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Summary Budget to Budget Increase

The 2016 budget shows a 4.1% increase over the 2015 budget according to what the hospital submitted but the hospital's narrative says 4.8%. The increase over 3% is due to increases in health care investments but also a pediatric practice acquired in 2015. They will discuss this in more detail at the hearing.

Utilization is projected to be 13.6% higher, and the budget includes 20.6 new FTEs (all related to the newly acquired pediatric practice).

The operating surplus is budgeted at 1.5% of net revenues; this is similar to the 1.6% margin in 2015. The balance sheet is in a very good position. The latest financial projections for 2015 show NPR being close to budget and operating surplus is exceeding the approved budget level.

The commercial cost shift is increased by \$1 million. Over \$2.8 million is related to declining revenues from Medicaid. This is off set by increases in Medicare, Bad Debt and Free Care.

Issues to Address at the Hearing

Discuss your rate increase and the effects on your commercial payers.

Describe the reasons for the large shift being seen from the Commercial/self pays to public payers.

Discuss the improving trends being seen in bad debt and free care the last few years.

Discuss the recent physician acquisitions and the effects on utilization.

									B15-B16	B15-B16
		2014A	2015B		2015P		2016B		Change	% Change
Net Patient Care Revenue	\$	71,631,396	\$ 73,586,146	\$	73,305,629	\$	76,604,320	\$	3,018,174	4.1%
Other Operating Revenue	\$	6,359,285	\$ 5,311,700	\$	4,679,204	\$	4,662,622	\$	(649,078)	-12.2%
Total Operating Revenue	\$	77,990,681	\$ 78,897,846	\$	77,984,832	\$	81,266,942	\$	2,369,096	3.0%
						1		1		
Total Expenses	\$	75,707,661	\$ 77,623,396	\$	75,486,852	\$	80,046,931	\$	2,423,535	3.1%
Net Operating Income	\$	2,283,020	\$ 1,274,450	\$	2,497,980	\$	1,220,010	\$	(54,440)	-4.3%
	1	2.00/	4.60/	1	2.20/	ı	4.50/	ı	0.40/	
Operating Margin %		2.9%	1.6%		3.2%		1.5%		-0.1%	

	North Country Hospital											
Key Indicators	Actual 2013	Actual 2014	Budget 2015	Projected 2015	Budget 2016	Actual 2014-Budget 2015	Budget 2015- Budget 2016					
Utilization												
Acute Care Ave Daily Census	13.7	12.6	12.9	12.2	12.1	0.3	-0.7					
Total Average Daily Census	16	16	16	16	15	0	-0.2					
Acute Average Length of Stay	3.7	3.4	3.4	3.3	3.2		-0.2					
Acute Admissions	1,363	1,370	1,374	1,365	1,366		-8.0					
Total Beds (Staffed)	27	27	27	27	27		0.0					
Adjusted Admissions	8,135	8,525	7,684	8,620	8,730		1,045.8					
Adjusted Days	29,790	28,590	26,234	28,019	28,349	-2,356	2,115.4					
Capital Age of Plant	8.7	8.5	9.7	9.6	9.3	3 1.2	-0.5					
Long Term Debt to Capitalization	5.4%	4.7%	2.5%	2.4%	2.1%		-0.4%					
Capital Expenditures to Depreciation	39.7%	67.5%	62.7%	146.6%	71.3%		8.7%					
Debt per Staffed Bed	1,254,898	1,248,006	1,161,185	1,186,185	1,173,593		12,407					
Net Prop, Plant & Equip per Staffed Bed	1,030,307	973,114	973,296	1,001,407	945,852		-27,444					
Debt Service Coverage Ratio	0.2	0.4	0.3	0.3	0.3		0.0					
Revenue												
Deduction %	51.8%	52.4%	54.1%	54.5%	55.3%	1.7%	1.2%					
Bad Debt % of Gross Revenue	2.3%	2.4%	2.6%	1.9%	1.9%	0.3%	-0.7%					
Free Care % of Gross Revenue	1.1%	0.7%	0.8%	0.8%	0.8%	0.1%	0.0%					
Operating Margin %	-1.0%	2.9%	1.6%	3.2%	1.5%	-1.3%	-0.1%					
Total Margin %	1.9%	5.9%	2.4%	4.2%	2.5%	-3.5%	0.2%					
All Net Patient Revenue % of Gross Rev	46.7%	45.8%	44.3%	44.0%	43.6%	-1.5%	-0.7%					
Medicare Net Patient Revenue % of Gross Rev (incl Phys)	42.7%	41.3%	37.7%	39.3%	38.9%		1.2%					
Medicaid Net Patient Revenue % of Gross Rev (incl Phys)	29.6%	27.3%	25.2%	23.8%	23.6%		-1.6%					
Comm/self pay Net Patient Revenue % of Gross Rev (incl Phys)	61.8%	63.8%	63.7%	65.9%	65.7%	-0.1%	2.0%					
Productivity			<u> </u>									
Adjusted Admissions Per FTE	18.1	20.8	17.8	20.5	19.4	-3.1	1.6					
FTEs per 100 Adj Discharges	5.5	4.8	5.6	4.9	5.2	0.8	-0.5					
Overhead Expense w/ fringe, as a % of Total Operating Exp	20.3%	21.5%	21.8%	22.5%	22.1%	0.3%	0.4%					
FTEs Per Adjusted Occupied Bed	5.5	5.2	6.0	5.5	5.8	1	-0.2					
Cost												
Cost per Adjusted Admission	9,503	8,881	10,102	8,758	9,170	1,221	(933)					
· · · · ·	76,516	78,980	77,902	73,437	75,047	(1,078)						
Salary & Benefits per FTE - Non-MD	· ·		·				(2,855					
Compensation Ratio	63.1%	59.3%	59.7%	57.2%	59.9%	+	0.3%					
Capital Cost % of Total Expense	6.8%	6.9%	7.5%	6.9%	7.4%	0.5%	0.0%					
Liquidity						T						
Current Ratio	1.2	1.4	1.4	1.3	1.5	(0.0)	0.0					
Days Cash on Hand	176.4	210.7	162.8	160.2	164.5	(48.0)	1.8					
Cash to Long Term Debt	15.4	18.3	29.8	31.3	36.3	11.5	6.5					
Payer	<u> </u>											
DSH % of Total NPR	2.9%	3.7%	3.3%	3.3%	2.4%	-0.4%	-0.9%					
Medicaid % of Total NPR (incl. DSH)	13.7%	13.9%	12.7%	14.0%	14.3%		1.7%					
Medicare % of Total NPR (incl. DSH)	36.7%	35.3%	33.1%	34.5%	34.4%		1.4%					
Commercial % of Total NPR (incl. DSH)	46.8%	47.1%	50.9%	48.1%	48.8%		-2.1%					
,	40.0%	47.170	30.3%	40.170	40.8%	3.3%	-2.1%					
Employed Nam MD FTF:	440.2 [400.0	422.0	420.4	450.0	1 22-1	4= :					
Non-MD FTEs	449.3	409.3	432.8	420.4	450.2		17.4					
Physician FTEs	35.6	32.3	30.7	31.3	33.9	(1.6)	3.2					
Travelers	-	-	-	-	-	-	-					
Outpatient												
All Outpatient Visits	73,765	69,862	72,517	69,879	69,878	2,655	(2,639					
Operating Room Procedure	2,895	2,851	2,660	2,868	2,830	· · · · · · · · · · · · · · · · · · ·	170					
Observation Units	-	-	-	-	-	- (252)	-					

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- 1) The hospital is submitting an 4.8% increase in overall rates, earning \$2.7 million in NPRs.
 - a) Will that amount, on average, be the increase that commercial payers will be paying? Describe the different reimbursement agreements you may have when contracting with commercial payers.
- b) Your rate schedule shows that \$1.9 million of the NPRs will be from commercial and \$0.7 million will come from Medicare. I have thought that Medicare reimbursement was not "sensitive" to your rate increase. Discuss why you reported it this way.
- 2) NCH has submitted a 4.1% NPR increase. The increase over 3.0% is related to physician acquisitions filed with GMCB in 2015.
- a) Discuss the physician acquisitions that took place this April. Describe the scope of the acquisition and the related non-MD FTEs that were also acquired.
 - b) Describe the expected effects on utilization.
- 3) Utilization metrics show a number of increases, presumably related to the additional physicians. Overall utilization is up almost 14%. However, NPRs expected to be earned show large increases in Medicare and Medicaid offset by a large reduction in Commercial and self pays. Explain what is happening with utilization and the related reimbursment.
- 4) NCH is seeing some significant changes in bad debt and free care. Bad debt and free care levels were 4.1% of gross revenues in 2014, 3.4% in Budget 2015, and budgeted 2016 at 2.7%.
 - a) Describe any recent changes you have seen in terms of caseloads, patient coverages, billing disputes, etc.
 - b) Is NCH free care policy significantly different than other hospitals? Are there any changes in reporting that are influencing this?

- 5) The 2015 projection shows lower NPRs but with a surplus of \$2.5 million vs. a budget of \$1.3 million.
- a) It appears the higher surplus was achieved despite lower NPRs because of savings in expenses. Describe the savings that have been achieved.
 - b) Are these projections still valid? If not, describe any material changes.
- 6) You mention the Medicare reimbursement estimate as not expecting any funds regarding the appeal of the disallowance related to the provider tax. Can you clarify whether you have a liability for past years? Am I correct that the 2016 budget no longer assumes any revenues for this item?
- 7) NCH has budgeted \$173,000 higher for the provider tax than the DVHA numbers provided to us. Is this a reporting issue? Can you confirm your provider tax obligation?

PROFIT & LOSS STATEMENT

	20144	20150	20150	201CB	_	2015B-
REVENUES	2014A	2015B	2015P	2016B	2015B-2016B 2	2016B
INPATIENT	\$24,191,930	\$28,695,871	\$25,519,658	\$26,828,669	-\$1,867,202	-6.5%
OUTPATIENT	\$126,067,640	\$131,516,866		\$144,265,607	\$12,748,742	9.7%
PHYSICIAN	\$126,067,640	\$131,510,866	\$135,217,388 \$0	\$144,265,607	\$12,748,742	0.0%
		•				
CHRONIC REHAB	\$0	\$0	\$0	\$0	\$0	0.0%
SNF/ECF	\$0	\$0	\$0	\$0	\$0	0.0%
SWING BEDS	\$278,068	\$264,582	\$413,712	\$359,218	\$94,636	35.8%
GROSS PATIENT CARE REVENUE	\$150,537,638	\$160,477,319	\$161,150,758	\$171,453,494	\$10,976,176	6.8%
DISPROPORTIONATE SHARE PAYMENTS	\$2,652,586	\$2,432,098	\$2,432,098	\$1,811,601	-\$620,497	
BAD DEBT	-\$3,599,471	-\$4,248,919	-\$3,082,375	-\$3,299,360	\$949,559	22.3%
FREE CARE	-\$1,074,525	-\$1,310,379	-\$1,253,324	-\$1,315,045	-\$4,666	-0.4%
GRADUATE MEDICAL EDUCATION	\$0	\$0	\$0	\$0	\$0	0.0%
DEDUCTIONS FROM REVENUE	-\$76,884,832	-\$83,763,972	-\$85,941,528	-\$92,046,370	-\$8,282,398	-9.9%
NET PATIENT CARE REVENUE	\$71,631,396	\$73,586,146	\$73,305,629	\$76,604,320	\$3,018,174	4.1%
OTHER OPERATING REVENUE	\$6,359,285	\$5,311,700	\$4,679,204	\$4,662,622	-\$649,078	-12.2%
TOTAL OPERATING REVENUE	\$77,990,681	\$78,897,846	\$77,984,832	\$81,266,942	\$2,369,096	3.0%
OPERATING EXPENSE						
TOTAL OPERATING EXPENSE	75,707,661	77,623,396	75,486,852	80,046,931	\$2,423,535	3.1%
NET OPERATING INCOME (LOSS)	\$2,283,020	\$1,274,450	\$2,497,980	\$1,220,010	-\$54,440	-4.3%
NON-OPERATING REVENUE	\$2,432,880	\$616,154	\$814,160	\$859,688	\$243,534	39.5%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	\$4,715,901	\$1,890,604	\$3,312,140	\$2,079,698	\$189,094	10.0%
EXI ENGE	Ş4,/1J,∃U1	γ1,030,004	73,312,140	J2,U13,U30	7105,094	10.070

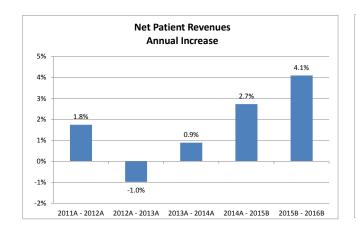
Physician revenue activity is included in the Outpatient revenue line. GMCB staff are working with hospitals to consistently align and report the information.

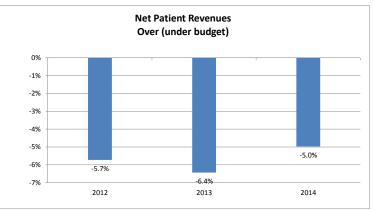
Favorable changes in bad debt will be discussed.

\$3.4 million of Other operating revenue is 340 B program (pharmacy).

Higher expenses are driven primarily by wage increases, 20.6 new FTEs, and non-salary expenses. See narrative for more detail.

Operating income has been budgeted in 2016 to be just below 2015 levels.





NET PATIENT REVENUE PAYER MIX

Payer mix describes the reimbursement and patient change that occurs from year to year.

Net Patient Revenue - All	В	ud 15 Total	В	ud 16 Total	Change	
Disproportionate share	\$	2,432,098	\$	1,811,601	\$	(620,497)
Medicaid	\$	9,336,773	\$	10,989,066	\$	1,652,294
Medicare	\$	24,327,354	\$	26,387,652	\$	2,060,298
Commercial/self pay/Wcomp	\$	37,489,923	\$	37,416,000	\$	(73,922)
TOTAL	\$	73,586,147	\$	76,604,320	\$	3,018,173
	•		•			4.1%

NPR shows a 4.1% increase over the 2015 budget. This increase can be described as follows:

	Millions	% Share
Rate Increase	\$ 2.7	3.6%
Physician Practice Transfers	\$ -	0.0%
Bad Debt/Free Care Improvement	\$ 1.0	1.3%
Disproportionate Share Loss	\$ (0.6)	-0.8%
Utilization Gain/Loss	\$ 0.0	0.0%
Health Care Reform Investments	\$ -	0.0%
Other Change	\$ -	0.0%
	\$ 3.0	4.1%

This schedule presents net patient revenue change for the hospital. Essentially, this is a summary of who will pay the bill for the increases in the budget.

The 2016 budget shows a 4.1% increase over the 2015 budget, although the narrative reports a 4.8% increase. The hospital 's narrative states that 2.03% is due to the pediatric practice acquisition. See the narrative for details.

They did not request any "allowance" for health care investments.

Favorable changes in bad debt/free care were offset some by a reduction in disproportionate share.

Utilization shows very minor change which we have asked NCH to discuss.

NET PATIENT REVENUE PAYER MIX

Payer mix describes the reimbursement and patient change that occurs from year to year.

Net Patient Revenue - Hospital	Bud 15 Total			Bud 16 Total	Change		
Disproportionate share	\$	2,432,098	\$	1,811,601	\$	(620,497)	
Medicaid	\$	6,493,993	\$	6,529,549	\$	35,556	
Medicare	\$	19,096,571	\$	21,078,993	\$	1,982,422	
Commercial/self pay/Wcomp	\$	32,993,011	\$	32,087,020	\$	(905,991)	
TOTAL	4	64.045.674	<u>,</u>	64 507 462	۸	101 100	
TOTAL	\$	61,015,674	\$	61,507,163	\$	491,489	

Net Patient Revenue - Physician	E	Bud 15 Total	В	Bud 16 Total	Change		
Disproportionate share					\$	-	
Medicaid	\$	2,842,779	\$	4,459,517	\$	1,616,738	
Medicare	\$	5,230,783	\$	5,308,659	\$	77,876	
Commercial/self pay/Wcomp	\$	4,496,911	\$	5,328,980	\$	832,069	
TOTAL	\$	12,570,473	\$	15,097,157	\$	2,526,684	

Net Patient Revenue - All	Bud 15 Total	Bud 16 Total			Change
Disproportionate share	\$ 2,432,098	\$	1,811,601	\$	(620,497)
Medicaid	\$ 9,336,773	\$	10,989,066	\$	1,652,294
Medicare	\$ 24,327,354	\$	26,387,652	\$	2,060,298
Commercial/self pay/Wcomp	\$ 37,489,923	\$	37,416,000	\$	(73,922)
TOTAL	\$ 73,586,147	\$	76,604,320	\$	3,018,173

This schedule breaks out the net patient revenue change s between hospital and physician services.

You will note that the B15-B16 changes by payer may very well differ significantly when examining hospital vs. physician. This is because price changes, reimbursement, and utilization will differ for those services.

Our analysis finds a significant increase in Medicare and Medicaid NPR while commercial NPRs are essentially level even with a rate increase. NCH will explain these changes.

The disproportionate share change has been verified and a reduction will have an unfavorable effect on rate.

RATE TREND AND SOURCE OF REVENUES

Rate is the average change in price for services provided.

	Budget 2013 Approved	Budget 2014 Approved	Budget 2015 Approved	Budget 2016 Submitted	Average Annual 2014-2015
North Country Hospital	4.6%	8.0%	8.3%	4.8%	7.0%
Weighted Average All Hospitals				4.3%	

	Bud 16 Total	Gross revenue from Rates	Net revenue from Rates	\longrightarrow	Commercial Payer	Self Pay/Other	Medicaid	Medicare
Hospital Inpatient	6.2%							
Hospital Outpatient	5.6%							
Professional Services	0.0%							
Nursing Home	0.0%							
Home Health	0.0%							
Other	0.0%							
Summary price request	4.8%	\$ 7,852,627	\$ 2,658,091		\$ 1,835,837	\$ 85,459	\$ -	\$ 736,795

	Gross Rever Othe		et revenue from Other
Commercial Ask Negotiations		\$	-
Utilization		\$	26,354
Physcian Acquisition or reduction		\$	-
Other major program change		\$	-
Free care		\$	4,666
Bad debt		\$	949,559
Dispro share change		\$	(620,497)
Other NPR changes		\$	-
Other changes *		\$	-
Other changes *		\$	-
Other changes *		\$	-
Other changes *		\$	-
Summary Other (non-price) request	\$ 3,	123,548 \$	360,082
·		•	
Total NPR Increase Due to Price and Other	\$ 10.	976.175 \$	3.018.173

Comi	mercial Payer	Se	lf Pay/Other	Medicaid	Medicare		DSH
	,		••			•	
\$	-	\$	-	\$ -	\$ -	\$	-
\$	(1,431,686)	\$	(1,517,757)	\$ 1,652,294	\$ 1,323,503	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	4,666	\$ -	\$ -	\$	-
\$	-	\$	949,559	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	(620,497)
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	-	\$	-	\$ -	\$ -	\$	-
\$	(1,431,686)	\$	(563,532)	\$ 1,652,294	\$ 1,323,503	\$	(620,497)
							<u> </u>
\$	404,151	\$	(478,073)	\$ 1,652,294	\$ 2,060,298	\$	(620,497)

The rate increase is 4.8% with a 6.2% increase budgeted for inpatient services, 5.6% for outpatient, and no increases for physician services. The rate will generate \$2.6 million of the overall \$3.0 million increase in Net patient revenues (NPR). They have reported that they will receive additional Medicare as part of this rate increase.

Utilization shows lots of change across payers, but very little increase. This will be discussed.

	2012A	2013A	2014A	2015B	2015P	2016B	B15-B16 Change	
Utilization								
ADJUSTED ADMISSIONS	7,909	8,135	8,525	7,684	8,620	8,730	13.6%	Budgeted 2016 utilization (adjusted
ACUTE ADMISSIONS	1,373	1,363	1,370	1,374	1,365	1,366	-0.6%	admissions) shows an increase
AVERAGE LENGTH OF STAY	3.7	3.7	3.4	3.4	3.3	3.2	-4.9%	from 2015 budget levels.
								Desired and 2045 in the college bishes
OUTPATIENT OPERATING ROOM PROCEDUI	2,762	2,895	2,851	2,660	2,868	2,830	6.4%	Projected 2015 is showing higher
LABORATORY TESTS	589,068	569,412	537,515	521,876	535,813	535,813	2.7%	utilization than budget 2015 and Budget 2016 has added a pediatric
EMERGENCY ROOM VISITS	15,918	15,266	15,139	14,457	15,139	15,139	4.7%	practice.
RADIOLOGY-DIAGNOSTIC & CT SCANS	24,085	19,838	18,411	20,111	20,973	20,973	4.3%	practice.
MRIs	1,580	1,597	1,349	1,311	1,312	1,330	1.4%	
PHYSICIAN OFFICE VISITS	88,763	92,330	84,068	83,977	88,323	100,882	20.1%	There are also increases in
CLINIC VISITS	-	-	-	-	-	-	0.0%	operating room procedures and
								physician office visits, the latter
								due to the newly acquired
Staffing								pediatrics practice.
NON-MD FTE	457	449	409	433	420	450	17.4	Non MD staffing is increasing by 17
TRAVELERS	-	-	-	-	-	-	0.0	and MDs are increasing by 3. Both
RESIDENTS & FELLOWS	-	-	-	-	-	-	0.0	of these increases are related to
MLPs	-	-	-	-	-	-	0.0	the newly acquired pediatric practice. NCH will discuss this at
PHYSICIAN FTEs	33.9	35.6	32.3	30.7	31.3	33.9	3.2	the hearing.
TOTAL MD AND NON MD FTES	490.6	484.9	441.6	463.5	451.7	484.0	20.5	the hearing.
								Productivity indicators are trending
SALARY PER FTE - NON-MD	54,419		55,043	53,961	54,471	55,839		favorably.
SALARY & BENEFIT PER FTE - NON-MD	76,208	76,516	78,980	77,902	73,437	75,047	-3.7%	
FTES PER ADJUSTED OCCUPIED BED	5.7	5.5	5.2	6.0	5.5	5.8	-3.7%	
FTES PER 100 ADJUSTED DISCHARGES	5.8	5.5	4.8	5.6	4.9	5.2	-8.4%	

BALANCE SHEET & INDICATORS

	2014A	2015B	2015P	2016B
Cash & Investments Total Current Assets Total Board Designated Assets Total Net, Property, Plant And Equi Other Long-Term Assets Total Assets	\$6,818,104	\$1,589,000	\$7,772,000	\$8,191,000
	\$16,512,671	\$15,241,000	\$21,465,000	\$22,556,000
	\$34,248,547	\$30,736,000	\$23,357,000	\$25,496,000
	\$26,274,081	\$26,279,000	\$27,038,000	\$25,538,000
	\$1,779,298	\$1,502,000	\$1,475,000	\$1,475,000
	\$78,814,597	\$73,758,000	\$73,335,000	\$75,065,000
Total Current Liabilities Long-Term Debt Other Noncurrent Liabilities Total Fund Balance Total Liabilities and Equities	\$31,446,208	\$30,267,000	\$31,032,000	\$30,759,000
	\$2,249,958	\$1,085,000	\$995,000	\$928,000
	\$0	\$0	\$0	\$0
	\$45,118,431	\$42,406,000	\$41,308,000	\$43,378,000
	\$78,814,597	\$73,758,000	\$73,335,000	\$75,065,000

The hospital's overall balance sheet shows a continued improvement in net assets (fund balance).

Debt is minimal as Board Designated Assets are being used for capital.

Hospital				
Net Increase/Decrease in Cash	\$ 3,185,726	\$ (35,000)	\$ 953,897	\$ 6,602,000
Days Cash on Hand	211	163	160	165
Cash to Long Term Debt	18.3	29.8	31.3	36.3
Long Term Debt to Capitalization	4.7%	2.5%	2.4%	2.1%
Debt Service Coverage Ratio	0.4	0.3	0.3	0.3

System Average Net Increase/Decrease in Cash 54,485,472 74,776,400 \$ 21,398,061 (11,067,200) Days Cash on Hand 181 185 176 180 Cash to Long Term Debt 1.7 1.7 1.9 1.6 Long Term Debt to Capitalization 29.6% 32.6% 31.3% 32.3% Debt Service Coverage Ratio 2.9 3.3 3.1

NCH's cash is expected to improve slightly in Budget 2016. Debt indicators are quite favorable.

Cash measures compare well against the system average.

Long Term Debt to Cap remains very low compared to the system. Other Debt measures are favorable.

CAPITAL BUDGET

	2014 Actuals	2015 Budget Approved	2015 Projection	2016 Budget	2017 Plan	2018 Plan	2019 Plan
Non-Certificate of Need Capital Purchases	\$3,088,618	\$3,217,415	\$6,706,712	\$3,792,554			
Certificate of Need Capital Plans		\$0	\$0	\$0	\$7,000,000	\$0	\$0
Total Capital Purchases	\$3,088,618	\$3,217,415	\$6,706,712	\$3,792,554	\$7,000,000		

Hospital					
Age of Plant (years)	8.5	9.7	9.6	9.3	helps understand the status of all fixed assets
Capital Expenditures to Depreciation	67.5%	62.7%	146.6%	71.3%	helps to understand current level of capital spend
Capital Cost % of Budget	6.9%	7.5%	6.9%	7.4%	helps understand relative share of depr & interest

System Average				
Age of Plant (years)	10.2	10.9	11.0	11.9
Capital Expenditures to Depreciation	80.6%	122.4%	131.0%	95.1%
Capital Cost % of Budget	5.9%	6.0%	5.9%	5.8%

Age of plant is trending favorably and compares well with the Vermont hospital system.

NCH spending has been slower than the system over the last few years. Capital cost % of budget remains higher than the system due to previous spending.

Non CON capital items include both building improvements and equipment total \$3.7 million for 2016. This amount is due to IT improvements. Future plans are for a \$7 million CON in 2017 for an inpatient med/surg unit.

	2016	2017	2018	2019
Non Certificate of Need Detail	Budget	Plan	Plan	Plan
Construction in Progress (Non-CON>\$500K)	\$0	\$0	\$0	\$0
Land & Land Improvements (Non-CON >\$500K)	\$0	\$0	\$0	\$0
Total Buildings & Building Improvements (Non-CON >\$500K)	\$0	\$0	\$0	\$0
Total Fixed Equipment (Non-CON >\$500K)	\$0	\$0	\$0	\$0
Total Major Movable Equipment (Non-CON >\$500K)	\$0	\$0	\$0	\$0
Other Non CON Items under \$500,000	\$3,792,554	\$ -	\$ -	\$ -
Total Non-Certificate of Need Capital Purchases	\$3,792,554	\$ -	\$ -	\$ -

Certificate of Need Plans				
Certificate of Need Proposals				
Inpatient Med Surg Rooms (North Country Hospital)	\$ -	\$ 7,000,000	\$ -	\$ -